

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



AN OUT-PATIENT AT THE INTERNATIONAL HOSPITAL AT NAPLES

Truly a boon for the sick traveller is such an institution as the International Hospital in Naples. Serious illness in an hotel is a costly affair, and even when money smooths the way, both uncomfortable and trying in many particulars, whilst as all wanderers on the Continent of Europe know to die in an hotel is expensive and inconvenient to the last degree. I remember an invalid, poor as regards worldly goods, telling me that for one cupful of beef-tea he paid two shillings in an hotel in Egypt. And an American woman who was taken ill at Shepheard's Hotel, Cairo, said that not only had she to pay a full price for board and lodging, but also, when unable to take any solid food, she was charged extra for all invalid nourishment. "In fact," she remarked, "I think that every time I rang the bell it was an item in my bill."

Take the case of a patient who sickens for typhoid fever on board train or steamer, on arrival at Naples he can be carried from the platform or the landing stage straight to the hospital. The Ospedale Internazionale, as its name indicates, is intended for all nationalities, but is chiefly used by English and Americans, as the Germans have their own hospital in Naples. There are three rates of payment for the patients, the ascending scale being six, ten and sixteen lire or francs per day, doctor and nurse included.

The villa, which is charmingly situated on the Via Tasso, far removed from the noise of one of the noisiest cities in the world, has a good-sized garden and terraces overlooking the Bay. The rooms, for I will not call them wards, are prettily and suitably furnished and, for the most part, open on to the terraces, which form ideal lounges for convalescent patients, commanding as they do a glorious view of the far-famed Bay of Naples.

There is a resident doctor, a matron, and three or four nurses. A nursing home better describes this little hospital, which has a de-

ecidedly "homey" feeling in its atmosphere. My visit within these walls was not in the character of an inspector or even of a journalist. No, I was that nondescript creature, an out-patient; for, after consulting the doctor, his advice was that I should undergo a very slight operation which would not necessitate a residence, even of a day, in the hospital. The trouble was a cyst in the left eyelid, and the little affair was not exactly easy, for the lump was right in the corner of the eyelid; but, as the doctor had promised, I was able to walk away from the hospital about an hour afterwards. The operating room—one can hardly call it a theatre—is very small, though probably large enough for the requirements of the house. The doctor has a good-sized and comfortably-furnished consulting-room, with some pretty water-colour drawings and prints hanging on the walls. One charming little sketch, taken on the island of Capri by a Swedish artist, caught my fancy. Indeed, there were plenty of opportunities for examining the pictures and books in that room in my capacity of out-patient.

So well is the hospital thought of by those who know it best that many members of the English colony go in as patients when they are ill. Indeed, quite recently I was playing bridge with an English resident in Naples who was a patient in the hospital, and was ordered not to talk but allowed to play games. The doctor came in while we were playing. He does not know the game, but one of our party suggested that it was his duty to learn in order that he might take a hand when required.

Doctor and matron are German, but they speak and understand English very well. One of the nurses is a Swede, but at least one of the others is English. The hospital is managed—and very well managed—I am told, by a committee of the foreign residents.

One other point I wish to mention with regard to the establishment of International or English and American Hospitals or Nursing Homes, for sick travellers in foreign cities. I approach the subject gingerly, for it is an ungrateful one, yet still, I think, worthy of note. In most of the large Continental towns English doctors are established, and, as the majority of English and American tourists do not speak or understand any foreign language well, for this reason only, apart from any other, they prefer to send for an English doctor when ill. His usual fee in Switzerland or Italy is twenty francs or lire a visit, whereas most Swiss and Italian general medical practitioners charge five lire a visit. If these English doctors were on a higher platform of medical knowledge and skill than their foreign brethren, this would be all very well, but it cannot be said that such

is usually the case. It is argued that an English doctor understands an English constitution better than the foreigner can. But it is just as easy to argue that a Swiss doctor, for instance, understands the effect of Swiss climatic conditions on an English patient better than a stranger (English) can.

In conclusion, I would observe that "lookers on see most of the game," and I do not believe that I have stated the case in favour of International Hospitals for sick travellers, on the lines of the one already in existence at Naples, too strongly. Also it should be borne in mind that the English-speaking races constitute the majority of these travellers.

RAY MERTON, In the *British Journal of Nursing*.

The *British Journal of Nursing* of March 3, 1906, says: "It is with much pleasure we announce that the Council of Queen Victoria's Jubilee Institute for Nurses has decided that the qualifications as to hospital training for Queen's nurses shall be raised from two to three years at approved hospitals or infirmaries, to include at least two years in a general hospital or infirmary. When the Institute was founded in 1887 the minimum qualification was one year's training, which was later raised to two, and while many Queens' nurses have held three years' certificates, the now obsolete two years' standard has been that officially sanctioned. It will be possible under the present regulation for one year of the nurse's training to be spent in special hospitals where she can obtain experience in maternity, gynaecological, or infectious work, and knowledge of these branches is specially desirable in a district nurse, whose work brings her in contact with so great a variety of cases."

Mr. Sidney Holland, who is really so good and kind that he cannot help being a little bit grandmotherly, gives the nurses of the London Hospital talks which are unapproached by those of any other hospital mentor. To be sure one cannot deny the sound sense at the bottom of his remarks, but they do sound quaint. Here are some of his pearls of advice:

On Hairdressing: "There is a tendency," he says, "since fringes have become unfashionable for nurses to do their hair in rather too elaborate a way. It is an absolute fact, believe me or not as you like, that there is no good nurse who overdresses her hair, and there is no

bad nurse who does *not* overdress her hair. When he sees a nurse with her hair done like a barmaid he knows for an absolute certainty that she is not a good nurse.

How to Wear the Cap: "It does not look very nice to see a cap put right at the back of the head, and we must all wear our uniform in the proper way," so outside the sitting-room he has had a large looking-glass placed. That is called "the cap straightener," and in it all nurses may see whether their caps are straight, or whether they are too far back.

Slang in Reports: B. I. D. for "Brought in Dead" and "Dotty" are, he considers, permissible expressions, but he draws the line at "fitting" and "haemorrhaging." Only such terms, he says, should be used as outside doctors will understand. We would say that on a point of such odiously bad taste he might have been much more severe.

The Probationer's Failings: Probationer Slap-dash has, we are told, improved somewhat as to breakages, but she still rushes at her work and puts a thing down here, down there, without any thought at all. "The other day at dinner-time there was a patient who could only get relief from his suffering by lying on his face. She got his dinner, plumped it down in the middle of his back, and ran away again—perfectly willing—no harm in her, but nobody wants their dinner put in the middle of their back." Could the good man have made this up?

The Australasian Trained Nurses Association has completed, and instituted, its central examinations, which will hereafter be passed before membership is conferred. The nurses naturally feel rejoiced over this consummation of their long work in organization, and their "Journal" now looks forward hopefully to a Federal Nursing Council to unite the Australasian and the Victorian associations.

Bromley, in Kent, has a hospital called the Lady Margaret Fruitarian Hospital. No meat diet is ordered, though it may be provided if the Medical Staff consider it necessary. It is considered that both medical and surgical cases do better on the fruitarian (vegetarian?) diet. All the work of the hospital is done by the nurses, who are instructed in the preparation of "fruitarian cooking."

The recent appearance of a woman in nursing uniform in the police court of Auckland, New Zealand, on the charge of theft, was followed by a statement in the public press from Mrs. Grace Neill, the assistant registrar of nurses, showing that the woman was not a registered nurse.

H. H. the Sultan of Zanzibar has shown his appreciation of the services of Miss Brewerton, matron of the Hospital of the Universities Mission, during the plague by presenting the hospital with a horse and carriage.

An official document issued from the offices of the Apostolic Visitations gives the Pope's approval to the work of providing a home in Rome in which only English-speaking patients will be received. It will be conducted by a community of nuns known as the Little Company of Mary, who are also British.

